

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO 10/597,661		FILING DATE				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5	1		1				55						
6		1		1			56						
7		2		1			57						
8		4		1			58						
9		4		1			59						
10		4		1			60						
11		4		1			61						
12		4		1			62						
13		1		1			63						
14		1		1			64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	17		14				TOTAL CLAIMS						

PTO - 1360 (REV. 04/2007)

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